

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 22 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7044	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Richard J. Zak  P.O. Box, Bldg., Room No., if any  Street 1467 North Creek  City Lake View  State New York ZIP Code + 4 14085	4. Name, file number, and address of labor organization. Name Truck Drivers Union Local 449  Labor Organization File Number 002199  P.O. Box, Building and Room Number, if any  Street 2175 William Street  City Buffalo  State New York ZIP Code + 4 14206
5. Position in labor organization. Business Agent for Local 449	

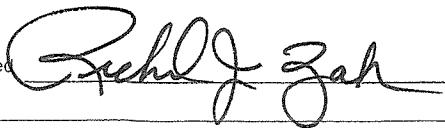
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Automobile Transporters Welfare Fund of NY  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 248  Street 91 Union Road  City Hamburg  State New York ZIP Code + 4 14075	7.a. Nature of Interest, Transaction, or Income. see previous page  7.b. Amount. continued from previous page \$ 866 03/05/04 IFEBP Conference expense - Balance on hotel 326 03/05/04 IFEBP Conference expense - Meals 50 03/29/04 Reimbursement for lunch for Trustee meeting 82 09/09/04 Reimbursement for lunch for Trustee meeting \$ 2,846 Total

### Signature

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8-8-05

Date

716-874-2800 ext 17

Telephone Number